

CATHEDRAL CITY BUILDING DIVISION APPLICATION FOR **WALL/FENCE** PERMIT

FILL OUT COMPLETELY - BLANK SPACES WILL DELAY PERMIT PROCESSING

Date:	Plan Check No.:	
PROPERTY IDENTIFICATION		
Property Address:		
Lot: APN:	Tract:	
PROPERTY OWNER INFORMATION		
Name:	Phone No.	.: ()
Address:		
City:	State:	Zip:
CONTRACTOR INFORMATION		
Name:	Phone No.	.: ()
Address:		
City:	State:	Zip:
California Contractor's License No.:	City Busin	ness License No.:
LENDER INFORMATION		
Name:	Phone No.: ()	
Address:		
City:	State	Zip:
DESCRIPTION OF WORK		
Type: () Block () Combination Block/Wrought Iron w/Pilasters () Wrought Iron () Other		
	e Height:	
Total Linear Footage: of Wall/Fence Total Linear Footage: of Wall/Fence	ce Height:ce Height:	
Construction Valuation: \$		
Required Plot Plans: 3 Sets (Show location, footage and type of new & existing walls on plot plan)		
 All property corners shall be clearly marked with survey stakes at the time of footing inspection. Any excavation requires you to call DIG ALERT - toll free 1-800-227-2600 at least two days before you dig. (Dig Alert services free of charge). 		
WARNING TO OWNER/BUILDERS IF YOU USE UNLICENSED CONTRACTORS YOU WILL: 1. ASSUME all liability for injuries to persons working on the job; 2. HAVE NO RECOURSE through the California Department of Consumer Affairs (State Contractor's License Board).		
Applicant's Signature:	Date:	